

Benenden Health Cash Plan

Policy Terms and Conditions

 **Green plan**

Important information

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The Financial Conduct Authority (FCA) is an independent body that regulates the general insurance industry. It requires Us to give You certain information so that You can decide if Our services are right for You.

Statement of demands and needs

This plan provides cover that meets the demands and needs of someone who wishes to have help towards covering everyday healthcare costs such as dental check-ups and treatment, eye tests and glasses or therapy fees.

Personal recommendation

In deciding to take out this cover, You will NOT receive advice or a personal recommendation from Us. This means that You need to make Your own decision as to the suitability of the product for Your circumstances.

About Us

This insurance is arranged, underwritten and administered by BHSF Limited (the undertaking) and distributed by Benenden Wellbeing Limited (the intermediary).

BHSF Limited, part of BHSF Group Limited, of 2 Darnley Road, Birmingham, B16 8TE, is an insurance company authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. BHSF registration number is 202038.

Our permitted business includes advising on and effecting non-investment insurance contracts. Details of Our registration can be checked at www.fca.org.uk/register or by telephoning 0800 111 6768.

Benenden only offers a Health Cash Plan from BHSF Limited.

Benenden Health Cash Plan is distributed by Benenden Wellbeing Limited, an insurance intermediary, which is authorised and regulated by the Financial Conduct Authority (Financial Services Register number 593286). Registered in England and Wales (company no. 8271017). Benenden Wellbeing Limited is a wholly owned subsidiary of the Benenden Healthcare Society Limited. The Registered Office of both: Holgate Park Drive, York, YO26 4GG. Benenden Health is a trading name of The Benenden Healthcare Society Limited.

Commission disclosure

BHSF Limited pays Benenden Wellbeing Limited a percentage commission from the total premium to sell policies on Our behalf.

Cooling off period

If You are not completely satisfied with the policy, simply notify Us within 14 days of the date You receive Your welcome pack and We will cancel it. Provided a claim has not been paid, We will refund any premium collected.

Customer care

If You wish to register a complaint, please do so in writing to Benenden Health Cash Plan, 2 Darnley Road, Birmingham B16 8TE or by telephoning 0800 414 8071, quoting Your policy number. If You are not satisfied with the outcome of the complaint, You may refer it to the Financial Ombudsman Service.

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS).

You may be entitled to compensation from the scheme if they are unable to meet their obligations. Entitlement will depend on the type of business and the circumstances of the claim. Further information about the compensation scheme is available on the FSCS website www.fscs.org.uk.

Protecting Your data

At BHSF, We are committed to protecting Your information, and to comply with data protection legislation. We will use Your information for the administration of Your policy, for claims handling, for risk assessment, and for research and statistical purposes. Our aim when processing Your information is to successfully deliver Our service to You with an appropriate level of information sharing whilst protecting Your fundamental rights to privacy.

You have rights over Your information including: the right to have a copy of it, the right to have it kept up to date, the right to have it deleted if We do not have a legal need to keep it, the right to have a copy of it which can be easily passed to another provider, and in certain circumstances the right to restrict or object to Our processing of it. Where Our processing is based on You providing Us with 'consent' You can withdraw that consent at any time. You also have a right to raise a complaint with the Information Commissioner's Office (ICO). If You need to contact Us about this Privacy Notice or to invoke Your rights please contact Our Data Protection Officer at:

DPO, BHSF Group Limited, Gamgee House, 2 Darnley Road, Birmingham, B16 8TE
Telephone: 0800 0744 315
Email: dpo@bhsf.co.uk

Our full Privacy Notice is available at www.bhsf.co.uk/privacynotice and changes are occasionally made to the notice, so please visit Our website from time to time to read it through or call Us for a copy.

Benefit Table

In return for payment of the correct premiums, Insured Persons are eligible for benefits provided by this policy in accordance with the terms of the policy and the following schedules:

Monthly Premiums**

Including Insurance Premium Tax

Insured Persons	Level 1	Level 2	Level 3
Personal policies (cover policyholder only)	£10.19	£20.37	£30.55
Joint policies (cover policyholder & Partner)	£19.86	£40.22	£60.59

Benefits Schedule

Benefits		Maximum per Policyholder per Policy Year		
		Level 1	Level 2	Level 3
Dental	100% of cost	Up to £45	Up to £85	Up to £135
Optical	100% of cost	Up to £40	Up to £80	Up to £110
Therapies (combined maximum benefit)	100% of cost	Up to £80	Up to £160	Up to £240
Hearing aids	100% of cost	Up to £75	Up to £150	Up to £225
Hospital in-patient 10 nights maximum**	Per night	£0	£10	£20
Hospital day case surgery 10 days maximum**	Per event	£0	£5	£10

For joint plans benefits are per individual, not an amount to share.

**Per policy year. Please see page 8 for full terms and conditions.

Policy Terms

Definitions

In this policy (except where the policy expressly provides otherwise) the following expressions have the meanings shown below:

Benenden	Benenden Wellbeing Limited an insurance intermediary.
Claim Date	The date of claim is deemed as: <ol style="list-style-type: none">1. the date of admission for hospital in-patient or hospital day case surgery for whichever benefit is claimed;2. the date of treatment for charges made for dental, optical, therapies, and hearing aids.
Insured Person(s)	The person(s) insured under the policy as shown in the policy schedule.
Partner	The one person named as such in the policy schedule, who is Your spouse (or some other person who cohabits with You) and who permanently resides with You.
Policy Year	Is the period of 12 calendar months from the inception date of Your policy, with Us or from an anniversary of that date. Your Policy Year will change if You change Your level of cover
We/Us/Our	BHSF Limited.
You/Your	The policyholder and where applicable any Partner covered under Your policy.

Reference to any statutory provisions shall include reference to any re-enactment or modification thereof.

Premiums and benefits

Subject to the remainder of this section, the policy will remain in force for as long as premium payments are continued by direct debit. The payment of benefits is conditional upon premiums being up to date at the time of the incident which gives rise to the claim.

All rights to benefit cease after the last day of the period covered by the final premium payment.

We reserve the right to decline or cancel Your policy if We suspect any misrepresentation, concealment, fraud or failure to comply with the terms and conditions as more specifically set out in the General Condition 8.

We reserve the right to vary the premiums/benefits on giving You at least four weeks prior notice at Your last known address for:

- A change in applicable rate of Insurance Premium Tax.
- A change in Our expected claims experience.
- Changes to regulatory requirements or legislation.

Age limits

Cover, on the basis set out above, is provided to You if You are age 66 or above at the time of Our receipt of an application for a new policy. The same age requirement applies to any Partner to be included.

General conditions

1. If You wish to make any change to the persons insured then You should make application to Us and if the changes are agreed a new policy schedule will be issued.
2. Premiums and claims are payable in sterling.
3. This policy is bound by English law and shall be subject to the jurisdiction of English Courts.
4. To be eligible for this policy you must live in the UK on a lawful, voluntary and settled basis. This excludes the Channel Islands and the Isle of Man.
5. Worldwide emergency cover is included in the policy in respect of emergency admission to hospital, emergency dental treatment or emergency purchase of glasses which might be needed while a person insured under this policy is abroad, in accordance with the respective Policy Terms.
6. If You die, Your Partner, if insured under this policy, may apply for an alternative policy in their own name within 30 days of Your death, without any qualifying period applying.
7. Cover is subject to the conditions set out in the application form. Any material failure to complete that form fully and truthfully entitles Us to terminate the policy forthwith and may invalidate any claims made under this policy
8. The submission of a false or misrepresented claim may result in cancellation of the policy and/or legal action against You. You are responsible for ensuring the accuracy of claims made under this policy.
9. Cooling off period – You have 14 days from the date We issue Your policy documentation to review it. If You are not satisfied with the policy, simply notify Us within the 14 days and We will cancel Your policy. Provided a claim has not been paid We will refund any premium collected. You can cancel Your policy at any time after the 14 day cooling off period with no premium refund. To cancel Your policy either call Our Helpdesk on 0800 414 8071, email Us at benenden@bhsf.co.uk, or write to Us at Benenden Health Cash Plan, 2 Darnley Road, Birmingham B16 8TE.
10. No sum under this policy shall carry interest.

Qualifying periods

No hospital in-patient claim will be paid during the first two years of this policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital related claim.

Subject to this, and to the terms of this policy, Insured Persons become eligible for benefit from the start date of the policy, provided that premium payments are up to date. No benefit will be paid in respect of treatment commenced prior to the start date of the policy, irrespective of the future duration of that course of treatment.

If You have upgraded Your cover any treatment commenced prior to the date of the transfer is restricted to that which would have been payable under the previous level of cover irrespective of the future duration of that course of treatment.

Benefits

Dental

Benefit is payable according to the benefit table up to the maximum benefit per Insured Person in each Policy Year for dental examination, dental treatment and dentures provided by a qualified dental practitioner who is on the Registers of the General Dental Council.

Benefit is not payable:

1. For any prescription charges.
2. For consumables such as toothbrushes, toothpaste etc.
3. For veneers or whitening procedures.
4. For premiums in respect of any form of dental insurance, dental care contract schemes or for any dental administration fees.
5. For mouth guards used for engaging in sporting activities.

Optical

Benefit is payable according to the benefit table up to the maximum benefit per Insured Person in each Policy Year.

The benefit may be claimed for (a) sight tests, spectacles, lenses or contact lenses supplied or provided at the patient's cost for which the net payment is made directly to a qualified optical practitioner registered with the General Optical Council and (b) laser eye surgery performed by a registered laser eye clinic.

Benefit is not payable:

1. For frames only, cleaning solutions and sundries.
2. For cataract surgery.
3. For spectacles or lenses purchased under an optical care contract scheme.
4. For sunglasses other than prescription sunglasses.
5. For protective eyewear and goggles/glasses used for engaging in sporting activities.

Therapies

Benefit is payable according to the benefit table up to the combined maximum benefit per Insured Person in each Policy Year, in respect of the following treatment:

1. **Osteopathic treatment** provided by a qualified practitioner registered with the General Osteopathic Council (GOsC).
2. **Chiropractic treatment** provided by a qualified practitioner registered with the General Chiropractic Council (GCC).
3. **Acupuncture treatment** provided by a professionally qualified and registered acupuncturist who is a member of, registered with, or licenced by one of the following organisations:
 - British Medical Acupuncture Society (BMAS).
 - British Acupuncture Council (BACC).
 - Acupuncture Association of Chartered Physiotherapists (AACP).
 - British Academy of Western Medical Acupuncture (BAWMA).
 - Chinese Medical Institute and Register (MCMIR).
 - Acupuncture Foundation Professional Association (AFPA).
 - Licenced Acupuncturist (Lic Ac).

- Association of Traditional Chinese Medicine and Acupuncture UK (ATCM), for practitioners with the prefixes FM, CA, CB and CC.
 - British Acupuncture Federation (BAF).
 - British Acupuncture Association (BAA).
- 4. Homeopathy treatment** provided by a professionally qualified and registered homeopath who is a member of, or registered with one of the following organisations:
- Homeopathic Medical Association (MHMA).
 - Society of Homeopaths (RSHom).
 - Alliance of Registered Homeopaths (MARH).
 - Faculty of Homeopathy (MFHom).
 - Federation of Holistic Therapists (FHT).

Benefit is not payable:

1. In respect of treatment by practitioners other than as defined above.
2. For treatment that is not directly provided by the practitioner on a one-to-one basis.
3. For homeopathic medicines or remedies.

Hearing aids

Benefit is payable according to the benefit schedule up to the maximum benefit per Insured Person in each Policy Year for new hearing aids supplied by a hearing aid dispenser who is on the register of the Health and Care Professions Council.

Benefit is not payable:

1. For hearing aid contract schemes.
2. For replacement batteries.
3. For repairs.

Hospital in-patient (Level 2 upwards)

Hospital in-patient benefit may be claimed according to the benefit schedule on discharge from, or after 10 nights stay in, an NHS or registered private hospital described as such by the Care Quality Commission per Policy Year, whichever is the sooner.

A maximum of 10 nights benefit may be claimed in each Policy Year per Insured Person.

If the maximum benefit has been paid for an Insured Person in a Policy Year, he/she must have been discharged for a period exceeding one month before the payment for a consecutive Policy Year commences.

Benefit is not payable:

1. In respect of cosmetic surgery, stays in a care home for the elderly, health clinic, nursing home, hydrotherapy centre or similar institution or for residential stays in hospital for domestic reasons.
2. In respect of any period of home leave during a period of hospital in-patient treatment.
3. In respect of a pregnancy or any condition associated with a pregnancy which existed at the start date of this policy.
4. For hospital stays during which birth occurs or which immediately follows a birth:
 - 4.1. If in-patient treatment for the insured mother continues beyond five consecutive nights in which case hospital in-patient benefit for the mother may be claimed from the sixth night onwards.
5. If not admitted to a ward.

Hospital day case surgery (Level 2 upwards)

Benefit is payable at the appropriate daily rate according to the benefit table for up to 10 occasions in each Policy Year per Insured Person following admission to an NHS or private hospital, described as such by the Care Quality Commission for prearranged day case surgery including endoscopic procedures. This surgery must be performed under sedation or general/local anaesthetic and must be carried out in a hospital where no overnight stay is included.

Benefit is not payable:

1. In association with a claim for hospital in-patient benefit.
2. In respect of cosmetic surgery, sterilisation, vasectomy, fertility treatment, pregnancy termination and out-patient treatments.
3. For injections administered for the relief and/or control of pain.

Claims procedure

1. You can obtain a claim form by either creating an online account at <https://cashplan.benenden.co.uk/portal#/logon>, or by contacting Our helpdesk on **0800 414 8071**. You can also claim for certain benefits online when You have registered for an account.
2. The completed claim form with original detailed receipts (showing the date of consultation, treatment or service provided and the name of the person for whom charges were made directly by the practitioner or service provider) must be received by Us within 13 weeks of:
 - a. The date of discharge of the hospital in-patient, or
 - b. The date of hospital day case surgery, or
 - c. The date on the original receipted account for other charges made; where such treatment continues over an extended period then claims need to be submitted periodically, at intervals not exceeding 13 weeks.
3. Receipts are retained by Us and become Our property.
4. Insured Persons will authorise the disclosure of any medical or other information relevant to their claim which is required by Us.
5. Benefit may not be claimed from all insured sources for more than the total cost of defined therapy, dental treatment, optical treatment, and hearing aids. In the event of dual insurance the benefit will be restricted to the amount not recoverable from the other source or sources.
6. Credit/Debit card receipts are not accepted.

Benefit is only payable in respect of an expense which is the direct responsibility of an Insured Person.

Payment of benefit is always made direct to the policyholder.

Before committing Yourself to treatment, if You have any question about the validity of a likely claim or are seeking clarification of acupuncture or homeopathy practitioners covered under this plan then please telephone Our Helpdesk on **0800 414 8071**.

Fraud

You must not act in a fraudulent manner, If You or anyone acting for You:

- a. Makes a claim under the policy knowing the claim to be false or fraudulently exaggerated in any respect, or
- b. Makes a statement in support of a claim knowing the statement to be false in any respect, or
- c. Submits a document in support of a claim knowing the document to be forged or false in any respect, or
- d. Makes a claim in respect of any injury occasioned by a wilful act or with connivance of an Insured Person.

Then:

- a. We shall not pay the claim.
- b. We shall not pay any other claim for that Insured Person which has been or will be made under the policy.
- c. We may at Our option declare the policy void.
- d. We shall be entitled to recover from You the amount of any misrepresented claim already paid under the policy.
- e. We shall not make any return premium.
- f. We may inform the Police of the circumstances.

Customer care

We continually strive to provide Our customers with outstanding value health cash plans and excellent service. If You have a comment about Your policy, a claim You have submitted or the service We have provided, please contact Us via Our telephone helpline on **0800 414 8071**, Our email address at benenden@bhsf.co.uk, or write to Us at Benenden Health Cash Plan, 2 Darnley Road, Birmingham, B16 8TE

In the event of a complaint, You should write to Benenden Health Cash Plan, 2 Darnley Road, Birmingham, B16 8TE, email Us at benenden@bhsf.co.uk or telephone Us on **0800 414 8071**, quoting Your policy number.

If You are not satisfied with the way Your complaint is dealt with You may refer it to the Financial Ombudsman Service, whose details will be provided in Our response to You. The Financial Ombudsman Service will only consider Your complaint if You have first addressed the matter through Our complaints process and received Our response.

Protecting Your data

When You purchase a Benenden Health Cash Plan, the information You have provided will be used by Us to arrange and administer Your health cash plan policy.

We will not share or use the data You have provided for marketing purposes. Your information will be provided to Benenden Health to maintain the records they hold about You. If You would like to update Your marketing and data preferences with Benenden Health You can contact them on **0800 414 8100**.

We will store Your information in accordance with General Data Protection Regulations. We will use Your information for risk assessment, research and statistical purposes, claims handling and for the general administration of Your policy.

At BHSF, We are committed to protecting Your information, and to compliance with data protection legislation. We will use Your information for the administration of Your policy, for claims handling, for risk assessment, and for research and statistical purposes. Our aim when processing Your information is to successfully deliver Our service to You with an appropriate level of information sharing whilst protecting Your fundamental rights to privacy.

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Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. Compensation from that scheme may be payable if We are unable to meet Our obligations (e.g. if We go out of business or into liquidation or are unable to trade). Entitlement depends on the type of business and the circumstances of the claim. Further information about the scheme is available on the FSCS website www.fscs.org.uk.

Benenden Health Cash plan cover is issued and administered by BHSF Limited. BHSF Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (202038). Registered in England and Wales (company number 35500). Registered office: 2 Darnley Road, Birmingham, B16 8TE.

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BHSF Limited
2 Darnley Road
Birmingham
B16 8TE
Email: Benenden@bhsf.co.uk
Tel: **0800 414 8071** (BHSF Helpdesk)

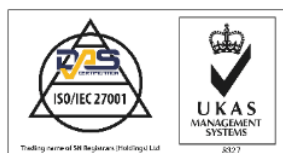
Helpdesk opening hours: 8:45am-5:30pm Monday-Friday (Excluding Bank Holidays)

Calls are recorded and may be monitored for training and security purposes.

Signed for on behalf of BHSF Limited



Geoff Guerin
Chief Operations Officer
BHSF Limited



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